

## Renew Community

Contact: Kelley Royce  
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Name of building	
Address	
City	
State	
ZIP Code	
Telephone	
Contact Name	
Fax	
E-Mail	

### Specifics of space

Type of structure	
Square footage	
Price	
Located near	
Approx. age	
Flexible layout <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> art display area <input type="checkbox"/> worship "stations"	Describe
Area for band and/or speaker <input type="checkbox"/> yes <input type="checkbox"/> no	Raised stage <input type="checkbox"/> yes <input type="checkbox"/> no
Sound board available	<input type="checkbox"/> yes <input type="checkbox"/> no Location:
Sound equipment available:	<input type="checkbox"/> yes <input type="checkbox"/> no
Number of sound equipment outlets	_____
Shape of main room	Circle one: Square Oblong Other
Projector & screen to display videos, words	<input type="checkbox"/> yes <input type="checkbox"/> no
Lockable storage	<input type="checkbox"/> yes <input type="checkbox"/> no
Chairs available?	Number _____
Parking	Street parking _____ Lot _____ Number of spaces _____

	Where:
Heating	___yes ___no  Type: ___electric ___hot water ___oil ___gas/propane  ___other:
Cooling	___yes ___no  Type: ___"whole house" ___window air conditioners ___ceiling fans ___other fans
Windows	___yes ___no number _____
Handicap access	___yes ___no
Number of bathrooms:	Location
Kitchen	___yes ___no
Type of entrances	Number _____
Allowed to put a sign outside	___yes ___no
Loading dock	___yes ___no
<b>Children</b>	
Number of rooms available (3-4 separate rooms ideal)	_____number
Childproof (safe, non-breakables)	___yes ___no
Number of outlets per room	_____number
Bathroom nearby	___yes ___no
Changing area	___yes ___no
Windows on room doors	___yes ___no
Doors that don't close on children's fingers	___yes ___no
Availability of children's items	Chairs: _____(number) Tables: _____(number) Toys: ___yes ___no
Access to a gym	___yes ___no